Construction Contractor's Capability Statement

The undersigned certifies that the information provided herein is true and sufficiently complete so as not to be misleading.

COMPANY NAME	El Greco General Con	tractor	
ADDRESS			
PO Box 521			
CITY			
Chimayo			
STATE			
NM			
ZIP CODE 87522			
PHONE 505-689-2474	FA2	X 5-689-2474	
EMAIL: Lamontana@cyberme	esa.com		
PRIMARY CONTACT Max Cordova	:		
	TION WORK (Check all st Primary Expertise	that apply)	
x□ Site Work x□ Structural □Carpet x□Mechanical	☐ Demolition ☐ Steel Fencing ☐ Roofing ☐ Clean Room	□Exterior Utilities x□ Masonry x□ Building □ Fire Protection	☐ Paint☐ Mechanical (HVAC/Plumbing) x☐ Electrical☐ Nuclear Facility
26 years	our organization been in a	business as a construction of the construction business und	contractor? der its present business name?
Under what former nam La Montana de Truch	nes has your organization as	operated?	
qualifications.	s of the key individuals o	, , ,	ith firm, educational training and
	sional Forester – 5 years	sper – 13 years	
	ars – Construction / Elect	rical	

List the categories of work that your organization normally performs with its company personal.	
Forestry Work, General Construction, Concrete Work, Masonry Work, Administration Work,	
Consultation Supervision	
List the major projects your organization has in progress or has completed in the past five years, own amount, date/expected completion, percentage performed with its company personal City of Santa Fe - Jim Romero - \$75,000 Carson National Forest - Henry Lopez - \$350,000 Santa Fe National Forest - Forestry - John Miera - \$100,000 Eight Northern Indian Pueblos - D. Cordova	ner, contact
List your Trade References	
List your Surety company or your banking affiliates. Valley National Bank - Espanola	
What is your organization's current bonding rate? Single\$1,000,000 Aggregate\$1,000,000 Has your firm entered into a contract that had to be completed by your surety within the past five year	ars?
Yes □ No □x	
List your Contractor's New Mexico license classification(s): Unknown	
Safety History:	
List your firm's: Workmen's compensation Experience Modification Rate (EMR), Total re Injury/Illness case rate, and Lost workday case rate for the current period (calendar year toprevious three year period.	
Rate Type: Interstate, In-State, Monopolistic	
Insurance Carrier:	
Talbot Insurance/Mountain States	

What is your f	irm's North Ame	rican Industria	Classification Sy	ystem (Na	AICS) code?	
Check all that ☐ Woman ow ☐ Disabled Ve	ned x□ S		vide certification i		rtified or Small Disadva	antaged. x□ Veteran
Present number $x \square 1-20$	er of employees 21-40	4 1- 60	□ 61 – 100	□ Over	100	